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Bib Data Sheet

CONFIRMATION NO. 4097

SERIAL NUMBER 10/637,201	FILING DATE 08/08/2003  RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. DAP/580P2
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## APPLICANTS

Rosalyn J. Williams, Severna Park, MD;

George Jeffery Mowry, Mesa, AZ;

&gt; 8/19/05 CP

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MD	4	27	5

Allowance

Examiner's Signature

Initials

## ADDRESS

26875  
 WOOD, HERRON & EVANS, LLP  
 2700 CAREW TOWER  
 441 VINE STREET  
 CINCINNATI, OH  
 45202

## TITLE

Flexible nozzle extension

FILING FEE  RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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